SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Ju 20 201

Refund: Amount Paid: Date: ermit #: C1-8-9 SHB'I

Bayfield Co. Zoning Dept.

								Value at Time	
						:		□ Non-Shoreland	696000
XYes □ No	eline : feet	Distance Strugture is from Shoreline:	nce Strugtu	Dista	owage ntinue 🛶	e, Pond or Flowage If yescontinue	Xis Property/Land within 1000 feet of Lake, Pond or Flowage	A snoreland → Xis F	5 1/
ls Property in Floodplain Zone?	eline : feet	Distance Structure is from Shoreline:	nce Structu	Dista	itream (incl. Intermittent)	r, Stream (inc	X Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue	_	<u> </u>
	Lot Size			Ħ	Town of: Delta	×	, Township Dib N, Range 7	Section	7
3.	Subdivision:	Block(s) No.	Lot(s) No.		Vol & Page	CSM	_ 1/4 Gov't Lot Lot(s)	NE 1/4, SE 1/4	
Con	Volume	04-016-2-46-07-07-4-01-000-30000 Volume 676 Page(s) +6	4 0	2-07	46-0	04-016-7	Legal Description: (Use Tax Statement)	PROJECT Legal	egger sam
Signal Control	W.	920-968-226/1000 Van Brignist FOYTH	\$ \$ \$ \$	8	13-12-6	30000		WHIS NAME	- Section
	state/Zip):	Agent Mailing Address (include City State)	ailing Addre	Agent Ma		Agent Phone	Authorized Agent: (Person Signing Application on behalf of Owner(s))	uthorized Agent: (Person Sign	q
		Balenan Huntra				Contractor Phone:	contractor:	Contractor:	200
			NEWS IN	全		記 に 記 に に に に に に に に に に に に に	Š	SIN SAIR DE	L
		ê.		4	12	Oty/State/Zip:	under Georgeon	Address of Property:	
V	TO SOLVE	A A CONTROLL OF		6		By Kenilworth Ne.	Tages S	Peter and tend thoons	^
		te/Zip:	City/State/Zip		ess:	Mailing Address		Owner's Name:	
□ в.о.А.	IAL USE	ISE 🗆 SPECIAL	☐ CONDITIONAL USE	COND	□ PRIVY □		TYPE OF PERMIT REQUESTED-> ALL LAND USE SANITARY	PE OF PERMIT REQUEST	
						APPLICANT.	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT	NOT START CONSTRUCTION (D

Proposed Construction:	Existing Structur				c		٠ • •		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)		Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project
	or is relevant to it)		☐ Foundation	□ No Basement	X Basement	□ 2-Story	□ 1-Story + Loft	♪ 1-Story	# of Stories and/or basement
Length: 74	Length:						☐ Year Round	🥦 Seasonal	Use
				□ None	×	w	□ 2	_ 1	# of bedrooms
Width: 4	Width: Height:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	X (New) Sanitary Specify Type (WXV)	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
						Γ,	· X Well	□ City	Water

Repdeblissuance	Proposed Structure	Dimensions
	Principal Structure (first structure on property)	×
	тот	た×セン
	with Loft	×
N Research and Blaff		- x x x
×	with (2 nd) Porch	(12 × 4
χ	with a Deck	
	with (2 nd) Deck	×
Commercial Use	with Attached Garage	St x 02)
	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	×
	Mobile Home (manufactured date)	(x
	Addition/Alteration (specify)	×
Winnicipal Use	Accessory Building (specify)	(x
	Accessory Building Addition/Alteration (specify)	(x
	Special Use: (explain)	(x
	Conditional Use: (explain)	(x
	Other: (explain)	(x

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) are samined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) archowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

(If you are signing on behalf of the ow Address to send permit 600 VAN BAXEN ST. Authorized Agent: 47.0 a letter of authorization must PHYMENI WIS353 (ANDAN H BAJAR) accompany this application)

Owner(s): (If there are Mult

Date

sign or letter(s) of authorization must accompany this appli

<u>Attach</u>

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Setback from the **South** Lot Line
Setback from the **West** Lot Line
Setback from the **East** Lot Line Date of Inspection: Prior to the placeme one previously surve marked by a licenser 8000 Hold For Sanitary: Inspection Record: LATE Granted by Variance (B.O.A.) Signature of Inspector: Issuance Information (County Use Only) Setback to Privy (Portable, Composting)

Provio to the placement or construction of a structure within ten (10) feet o
when previously surveyed corner or marked by a licensed surveyor at the ているいか Permit Denied (Date): Setback to **Drain Field** Setback from the North Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Was Parcel Legally Created Was Proposed Building Site Delineated Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming ondition(s):Town, C Please complete (1) -- (7) above (prior to continuing) Statute Septic Tank or Holding Tank (1)(2)(3)(4)(5)(6)(7) ement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be used surveyor at the owner's expense. Cown, Committee o Show Location of:
Show / Indicate:
Show Location of (*): Show any (*): Show any (*): Show: Setbacks: (measured to the closest point) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. 2 <u>_</u> S Case #: 7017 かるかられ Hold For TBA: ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguous Lot(s))
☐ Yes 1900 ard Conditions Attached? Fives F ر ا ا Ę Z Yes Ø Proposed-Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

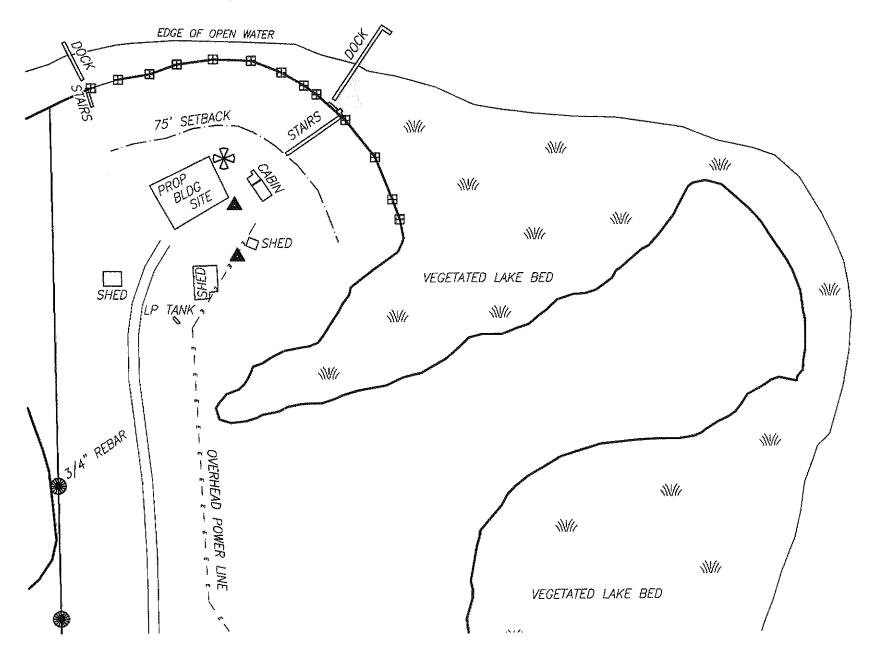
(*) Wetlands; or (*) Slopes over 20% 2 _ **N**o No. 200 7 Suilding Inspected by: Sanitary Number: Permit Date: Reason for Denial: 552 254 Measurement 多多 O Hold For Affidavit: Feet setback, ₹ J. Welling \$ 8 8 8 Feet Feet Feet Feet Feet Feet Feet 1000+ 6 O –(If No they need to be atta 499 4 States Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.)

| Yes | | Yoo Setback from Wetland
20% Slope Area on property
Elevation of Floodplain 12. Setback from the River, Stream, Setback from the Bank or Bluff Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well Setback from the Lake (ordinary dary line from which the setback must be mea 7 な 5 Location is Changes in plans must be approved by the Planning & Zoning Dept. ttached.) でなる V # of bedrooms: Hold For Fees: □ Yes Description (000) 4 8/ اج high-water mark) Case #: C Affidavit Required Affidavit Attached Lakes Classification Zoning District Sex Yes Sanitary Date: Date of Re-Inspection: aspection Date of Approval Serve Z Yes 00 Measurement 125 8 □ Yes P 72 M V. 10/ N O No 0 Feet Feet Feet Feet

Draw or Sketch your Property (regardless of what you are applying for)

HAY LAKE

- WELL.
- ▲ SEPTIC VENT
- ⊞ OHWM FLAG (BAYFIELD COUNTY ZONING)



City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - 16-91S
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

June 12, 2017

Date

Issued To: Peter & Heidi Higgins 17-0210 No. S 1/2 of Range 7 W. Town of **Delta** 46 Township 1/4 of **SE** 1/4 Section Location: **NE** & THAT PART OF SE SE LYING NLY OF NLY BNDRY LINE OF SCENIC DR & WLY OF HWY OF HAY LAKE **CHANNEL SUBJ TO EASEMENT** CSM# Subdivision Block Gov't Lot Lot For: Residential Use: [1- Story; Residence (74' x 54') = 3,996 sq. ft.; Porch #1 (16' x 24') = 384 sq. ft.; Porch #2 (12' x 4') = 48 sq. ft.; \underline{Deck} (12' x 4') = 48 sq. ft.; Attached Garage (30' x 25') = 750 sq. ft.] Total Overall = 5,226 sq. ft. (Disclaimer): Any future expansions or development would require additional permitting. Condition(s): Must contact local UDC inspection agency and secure a UDC permit as required by State Statute. **Rob Schierman** NOTE: This permit expires one year from date of issuance if the authorized construction Authorized Issuing Official work or land use has not begun. Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found

This permit may be void or revoked if any performance conditions are not

to have been misrepresented, erroneous, or incomplete.

completed or if any prohibitory conditions are violated.